



COUNTY OF HUMBOLDT

Department of Health & Human Services

Phillip R. Crandall, Director

SOCIAL SERVICES BRANCH

929 Koster Street Eureka, CA 95501

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Katherine Young, Director

SSB Administration
707.476.4700

Children's Services
707.445.6180

Aid/Medical Food Stamps
707.445.6103

Adult Services/IHSS
707.476.2100

CalWORKs/Welfare to Work
707.268.3400

January 10, 2011

Julie Takeuchi

Foster Care Support Services Bureau

Child and Youth Permanency Branch

julia.takeuchi@dss.ca.gov

Dear Ms. Takeuchi,

In response to the December 20, 2010 All County Letter No. 10-62, Humboldt County's Specialized Care Increment (SCI) determination criteria and documents are below. According to the 2004 Specialized Care Plan that was approved by CDSS, Humboldt County has the methodology and qualifying criteria listed in the table below. The Additional Care rate in Humboldt County is \$105 for hard to place children. The Therapeutic increment for children with medical necessity is based on age and is \$621 to \$810 as seen in the table below.

Name of Behavior/Problem	Type and Amount of Increment
Frequent supervised or unsupervised visits with family at least 3 times per week	Additional Care \$105
Educational problems and /or learning disabilities with an IEP requiring foster parent to supervise in-home educational services identified by the school	Additional Care \$105
Health care need requiring in-home health care and supervision: developmental disabilities, mental health concerns, physical limitations, medical conditions (severe asthma or Respiratory Syncytial Virus, documented failure to thrive, enuresis more than 2X/week, encopresis if at least age 4, or special medical diet)	Additional Care \$105
Inappropriate behavior (fire setting, sexual or physical aggression) requiring frequent intervention and supervision	Additional Care \$105
Excessive in-county transportation: at least 3 or more medical or therapeutic appointments per week or fewer if travel is more than 60 miles round trip	Additional Care \$105

Public Guardian
Phone: 707.445.7343
825 Fifth Street
Eureka, CA 95501

Veterans Services
Phone: 707.445.7341
825 Fifth Street
Eureka, CA 95501

Employment Training Division
Phone: 707.441.4600
930 6th Street
Eureka, CA 95501

Ongoing, extraordinary care for documented physical, emotional, behavioral, or developmental problems, may have failed an Additional Care level placement due to their own behavior problems, or the child is at risk of group home placement (Level 12 - 14), or is returning from a group home (Level 12 - 14). During the past year, children at this level may have received System of Care Services (Wraparound or Therapeutic Behavioral Services). Child requires contestant, 24-hour per day supervision. Must have resided in a regional facility or group home (level 12-14) or be at risk for higher level of care and least restrictive interventions have been tried.	Therapeutic Care Age 0-5 \$621	Therapeutic Care Age 6-8 \$778	Therapeutic Care Age 9-19 \$810
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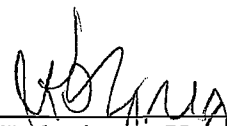
If the child has a mental health concern and requires in-home health care and supervision for the Additional Care rate, the concern must be diagnosed and defined by the DSM IV-TR. If a case requires the Therapeutic rate, Wraparound, or Therapeutic Behavioral Services (TBS), a multidisciplinary team called Family Intervention Team (FIT) reviews the case. In order for the child to eligible to this higher rate, the FIT must approve the increase. This team meets weekly to discuss all children that are at risk of or are placed in a higher level of care.

Attachment A is the C-14-44 form, which is attached to this email and is the form used to approve a SCI. The form is completed by the social worker and must be approved by their supervisor, program manager, and the branch deputy director before payment can be made. Attached, as Attachment B, is the form I-24-31 which is the Specialized Care Levels and Criteria form. This form is used to assess and reassess the SCI criteria. Reassessments are done on a semi annual basis and have to be approved in the same manner as the initial assessment.

If you have any questions or concerns regarding this letter, please contact Administrative Analyst, Lisa Rix at Lrix@co.humboldt.ca.us or (707) 476-1287.

Sincerely,

HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES


 Katherine D. Young, Director
 Social Services Branch

KDY/lr
 Cc: SSB Administration; C. Sutcliffe; File

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Attachment A

Case Name	Federal <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Child's Name	Age	SW Dist. #

Name of Placement Facility	Type of Facility <input type="checkbox"/> FFA <input type="checkbox"/> Foster Home <input type="checkbox"/> Out of County <input type="checkbox"/> Group Home <input type="checkbox"/> Rel/NREFM <input type="checkbox"/> Other: _____	Mo. Rate \$	Payment Effective Date
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Address		Level of Care	Mental Health Certified?
Why this facility? How will this facility meet the special needs of the child?	<u>Severely Emotionally Disturbed</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>IEP Completed</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Patch Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

☐ **FFA Placement – Unable to locate any other Relative/NREFM or County Foster Home.**

SW Signature	Date	Approved	Denied	Approved	Denied
Supervisory Approval	Date	CWS Program Manager	Date	Deputy Director	Date

Child: _____

☐ Continues to meet criteria (*circle the applicable medical/behavior condition*)

☐ No longer meets criteria (*Complete A-14-38 -> CWS Clerical*)

Social Worker Signature

Date

Specialized Care Levels and Criteria

Additional Care at \$105 SCI per Month

Requires prior program manager approval. If any of these conditions/items change and no longer apply, if the foster parent is no longer providing care and supervision services, and/or if the level of care and supervision is redetermined during the six-month periodic review, the rate may be adjusted.

Definition: Children at this level have medical and/or behavior problems that need additional care and supervision beyond what is usually required for children in foster care, which may include excessive transportation to obtain services for the child. Appropriate, additional services will be provided by the County to meet each child's needs.

The child meets the above definition and has at least one of the following needs or conditions:

- **frequent supervised or unsupervised visits with family**, at least three times per week
- **educational problems and/or learning disabilities with an Individualized Education Plan (IEP)** requiring that the foster parent meet with school personnel to develop and implement a plan to provide supervised in-home educational services as identified by the school
- **a health care need requiring in-home health care and supervision**, such as, but not limited to the following diagnosed and documented medical conditions:
 - **developmental disabilities**
 - **mental health concerns, as defined by the DSM IV-TR**
 - **physical limitations**
 - **medical conditions** for a minimum of six months requiring daily actions or daily interventions by the foster parent, as prescribed by a medical provider, such as:
 - **treatment for severe asthma or Respiratory Syncytial Virus (RSV)** with a nebulizer, as per a medical prescription
 - **documented failure to thrive** if child is age 0 - 3 years
 - **enuresis** more than twice a week if child is age 4 and up
 - **encopresis** if child is at least age 4
 - **special diet**, different from the foster family's meals, as indicated by a medical provider
 - **excessive in-county transportation**, requiring at least three or more medical or therapeutic appointments per week. If fewer weekly medical appointments are required, travel must be at least 60 round trip miles per appointment
- **inappropriate behavior, such as fire setting, etc. and sexual or physical aggression** toward other child(ren), requiring foster parent's frequent intervention and supervision

Therapeutic Care

Requires documentation for review of medical necessity prior to placement. Requires prior FIT review and approval and program manager recommendation.

Definition: Children at this level are currently involved with the Family Intervention Team (FIT) system of review. These children routinely require ongoing, extraordinary care for documented physical, emotional, behavioral, or developmental problems, may have failed an Additional Care level placement due to their own behavior problems, or the child is at risk of group home placement (Level 12 - 14), or is returning from a group home (Level 12 - 14). During the past year, children at this level have received System of Care Services.

Children at this level require constant supervision by the care provider twenty-four hours a day, seven days a week. The County will approve foster parents who are highly trained, incorporate their training into practice, work well with County staff, and have no substantiated Community Care Licensing violations. To assure the foster family's ability to provide the appropriate level of care and supervision to all children in the home, the Specialized Care Coordinator must conduct assessments of all children placed in the home. The County will conduct in-home monitoring and provide oversight for each placement.

The child meets the above definition, and has been referred to and approved by FIT. FIT has confirmed the child meets the above definition, and one of the following circumstances has occurred during the past 12 months:

- **received System of Care Services, such as:**
 - **Wraparound (SB163) or**
 - **Therapeutic Behavioral Services**
- **resided in a regional facility**
- **resided in a group home at Level 12 - 14**
- **at risk for higher level of care and other least restrictive interventions have been tried**